

# WALLER COUNTY TAX ABATEMENT AGREEMENT CERTIFICATION FORM

## Compliance with the Waller County Tax Abatement Agreement

All tax abatement recipients must complete Sections 1-3 for each tax year that they receive an abatement. If the County enters a tax abatement agreement with two or more recipients, each recipient must complete this form. If the tax abatement agreement contains a requirement to create jobs and/or maintain a minimum rendered taxable inventory, please complete Sections 4 and 5, as applicable.

### SECTION 1 – TAX ABATEMENT RECIPIENT INFORMATION

Recipient Property Owner's Name			
Address			
Name and Title of Contact Person			
Telephone Number		E-Mail	
NAICS Code		Taxpayer ID	
Contract ID Number		Property ID Number	
Tax Account Number		Federal EIN	
Business Activity	<input type="checkbox"/> Expanding/Modernizing Existing Facilities/Structures <input type="checkbox"/> New Facilities/Structures		
What was the appraised value of the property at the time of the abatement execution?			

### SECTION 2 – TAX ABATEMENT AGREEMENT INFORMATION

Reinvestment Zone Name			
Agreement Execution Date		Abatement Term (in years)	
Abatement Effective Date		Abatement Expiration Date	
Type of Property Abated	<input type="checkbox"/> Real Property <input type="checkbox"/> Personal Property <input type="checkbox"/> Both		
Does the agreement require any of the following: <i>(please check all that apply)</i>			
<input type="checkbox"/> New Construction <input type="checkbox"/> Current Facility Renovation/Remodeling <input type="checkbox"/> Current Facility Retooling/Upgrading <input type="checkbox"/> Furniture/Fixture Purchase <input type="checkbox"/> New Machinery/Equipment Purchase			
Please provide the percentage of taxable value abated for the applicable type of property for each year of the Abatement Period (e.g. 2025 – Real Property 100%, Personal Property 50%).			
Does the abatement agreement require the creation of new full-time positions? <i>If yes, please complete the following two questions.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
How many new full-time employment positions are is recipient owner required to create during the entire term of the abatement period?			
How many new full time employment positions were created for the applicable tax year?			
How many payroll dollars does the recipient owner anticipate creating over the term of the abatement period?			
How many payroll dollars were created for the applicable tax year?			
Does the abatement agreement require the recipient owner to maintain a specified value of inventory for the applicable tax year?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the dollar amount of the required inventory?			
What is the dollar amount of inventory actually maintained?			
What is the dollar amount of property value abated pursuant to the agreement?			
Are any other taxing units party to the tax abatement agreement? <i>If yes, please complete the following information:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Taxing Unit Name		Abatement Period	
Tax Account Number			
Type of Property Abated	<input type="checkbox"/> Real Property <input type="checkbox"/> Personal Property <input type="checkbox"/> Both		
Please provide the percentage of taxable value abated by each taxing unit for the applicable type of property for each year of the Abatement Period (e.g. Taxing Unit A – 2025 Real Property 100%, Personal Property 50%)			

<b>Is the recipient owner receiving any tax incentives other than a tax abatement?</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, what kind?</b> <i>Please check all that apply</i>	<input type="checkbox"/> Grants <input type="checkbox"/> Loans <input type="checkbox"/> Job Training Assistance <input type="checkbox"/> Other			

**Please provide the dollar amount received for each type of assistance received.**

### **SECTION 3 – CERTIFICATION OF COMPLIANCE WITH TERMS OF THE TAX ABATEMENT AGREEMENT**

I, \_\_\_\_\_, (*responsible official*), certify that, to the best of my knowledge, the information contained in this Waller County Tax Abatement Agreement Compliance Certification Form is true and correct, and that \_\_\_\_\_ (*abatement recipient*) has complied with the terms of the abatement agreement in all respects, including filing the appropriate forms and required documentation with the Waller County Appraisal District for tax year \_\_\_\_\_.

*Print or Type Name and Title*

*Signature*

*Date*

### **SECTION 4 – CERTIFICATION OF COMPLIANCE WITH JOB CREATION REQUIREMENT**

Recipient created number of jobs required by abatement agreement for tax year \_\_\_\_\_.  Yes  No  
If no, how many jobs were created during the relevant tax year? \_\_\_\_\_

I, \_\_\_\_\_, (*responsible official*), certify that, to the best of my knowledge, the information contained in this Section 4 is true and correct, and that \_\_\_\_\_ (*abatement recipient*) employed the number of employees as indicated above for tax year \_\_\_\_\_.

*Please attach supporting documentation.*

*Print or Type Name and Title*

*Signature*

*Date*

### **SECTION 5 – CERTIFICATION OF COMPLIANCE WITH INVENTORY REQUIREMENT**

Recipient maintained the inventory required by the abatement agreement for tax year \_\_\_\_\_.  Yes  No  
If no, how much inventory was maintained during the relevant tax year? \_\_\_\_\_

I, \_\_\_\_\_, (*responsible official*), certify that, to the best of my knowledge, the information contained in this Section 5 is true and correct, and that \_\_\_\_\_ (*abatement recipient*) maintained the rendered taxable inventory as indicated above for tax year \_\_\_\_\_.

*Please attach supporting documentation.*

*Print or Type Name and Title*

*Signature*

*Date*